

6th April 2020

Supporting the COVID-19 Response: Management of Annual Review of Competency Progression (ARCP)

Introduction

During the present Covid-19 pandemic, it is recognised by the Statutory Education Bodies (SEBs) of the 4 Nations that there are difficulties for trainees and trainers in preparing and providing evidence for ARCP as well as for the SEBs in delivering ARCP.

These difficulties arise as a result of cancellation of mandatory courses, professional examinations and assessments, rotations to planned placements as well as the reduced clinical experience and training available during placements due to cancellation of routine clinical activities, redeployment of trainees to different clinical duties and absence from work due to self-isolation and illness. It is also recognised that due to pressures of clinical work and redeployment, recognised trainers may not be able to complete assessments, write detailed reports and contribute to ARCP panels. In addition, SEBs will not be able to receive the same level of engagement for ARCP from educational programme leaders and education management staff due to redeployment, self-isolation and illness.

The SEBs are therefore seeking to work together with Medical Royal Colleges and Faculties to review how ARCPs can be managed in 2020. The aims are to reduce the burden on trainees, trainers and the health services in the 4 countries during this pandemic while facilitating as many trainees as possible to progress in their training at the normal rate.

Management of ARCPs in responses to Covid-19

1. The 8th Edition of the [Gold Guide \(GG8\)](#) which was approved by the four UK Health Departments and released on 31 March 2020 describes the purpose, evidence required, processes and outcomes of ARCP.

Purpose

2. The **purpose** of ARCP remains the same, which is to review the evidence presented by the trainee and their Educational Supervisor (ES), to assess whether the trainee is gaining capabilities at an appropriate rate and to decide whether the trainee is able to progress in their training or complete their training.
3. During this pandemic, it is recognised that there may not be the resources to deliver ARCP for every trainee. Therefore it is proposed that ARCPs, for trainees who are at critical progression points (e.g. completion of F1; progress dependent on success at professional examination), approaching completion of their foundation, core or specialty training programme and those where development of specific capabilities or inadequate progress has already been identified, should be prioritised.

4. *The SEBs request that Medical Royal Colleges identify critical progression points for each specialty.*

Evidence

5. During the Covid-19 pandemic, it may not be possible for trainees and trainers to prepare for and provide the usual **evidence** for ARCPs as defined in GG8. As described in paragraph 1.12 in GG8, Postgraduate Deans have the discretion to make derogations from the Guide in exceptional circumstances. The SEBs consider that Covid-19 meets the criteria for highly exceptional circumstances that would enable postgraduate deans to collectively agree a set of principles for the evidence to be presented for ARCP in 2020.
6. The SEBs propose that the Educational Supervisor Report (ESR) (GG8:4.52 – 4.58) should be the key document in the minimum data set. The ESR should focus on the capabilities demonstrated by the trainee in the review period, including relevant experience during Covid-19 which might contribute to acquisition of the Generic Professional Capabilities (GPC) required in curricula. In addition, the ESR should state whether there are significant issues and whether these were present pre-Covid-19, occurred as a result of Covid-19 and/or whether Covid-19 has contributed to them. If the ES is unavailable, an alternative medical educator with knowledge of the trainee (eg Programme Director) could complete the ESR.
7. *The SEBs request that Medical Royal Colleges define the minimum data set, compatible with maintaining patient safety, for each specialty for each year of training to inform when a trainee can progress.*
8. Where normal evidence is not available due to the impact of Covid-19, SEBs propose that panels should consider the use of **compensatory evidence**¹.
9. *The SEBs request that Medical Royal Colleges provide guidance for ARCP panels in the form of a GG8-compliant decision aid describing acceptable **compensatory evidence** (with examples) that ARCP panels could consider where normal evidence is not available due to the current situation.*
10. *The SEBs request that Medical Royal Colleges provide clear specialty-specific criteria for non-progression.*

Processes

11. GG8 defines in paragraph 4.69 that the panel delivering the ARCP **process** should consist of at least three panel members. Due to the expected difficulties in releasing panel members from clinical services during this pandemic, the SEBs propose that ARCP panels in 2020 will be convened with the minimum number of panellists and that the panellists will be enabled to deliver the ARCP process remotely by videoconference, telephone or similar.

¹ E.g. Advanced Life Support (ALS) certification and working in acute medicine: <https://www.jrcptb.org.uk/news/advanced-life-support-als-certification-and-working-acute-medicine>

12. Given the capacity constraints on the normal participants in ARCP panels, SEBs with Medical Royal Colleges will ask for support from retired educators as panel members.
13. As described in paragraph 1.12 in GG8, Postgraduate Deans have the discretion to make derogations from the Guide in exceptional circumstances. The SEBs consider that Covid-19 meets the criteria for highly exceptional circumstances that would enable Postgraduate Deans to collectively agree to reduce the minimum requirement to two panellists for ARCP in 2020. In these circumstances, a Head of School (HoS), Associate Postgraduate Dean (APD) or Training Programme Director (TPD) should be present. A retired educator or an ES can also contribute provided the ES is not the ES for the trainee. For Foundation ARCP panels the minimum requirement would be a Foundation Programme Director or alternative medical educator with knowledge of the process and an ES or postgraduate centre manager/training programme administrator.
14. *The SEBs request that Medical Royal Colleges identify specialty-specific situations where the ARCP panel will require three members.*

Outcomes

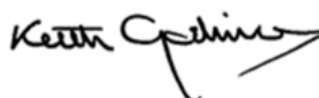
15. Where an ARCP has taken place, the **outcomes** described in GG8 should be used where possible. For 2020, ARCP panels should make a holistic judgement on the progress of trainees based on a review of the evidence provided by trainees and ESs against the minimum data set, agreed compensatory evidence and the GG8-compliant decision aid developed, in response to Covid-19, by the respective Medical Royal College for that specialty and year of training.
16. If a trainee is achieving progress and the development of competences/capabilities at the expected rate but at ARCP it is noted that acquisition of some capabilities (e.g. mandatory courses, professional examinations, mandatory placements) have been delayed by the impact of Covid-19, the trainee should be awarded an **Outcome 10 (COVID)**. Supplementary codes will be used to document the reason for this outcome and the capabilities to be developed should be documented on the ARCP form. The trainee can progress to the next stage of training as overall progress may be satisfactory. An Action Plan, the portfolio and a Personal Development Plan (PDP) should capture and set out the required capabilities which will be expected at the next scheduled ARCP and the time point for this review defined. Any additional training time necessary will be reviewed at the next ARCP.
17. Where an ARCP has not taken place as a result of Covid-19, it is proposed that no outcome is recorded and an N code supplied indicating N13 and specifying the reason as being due to Covid-19. The trainee, if not at a rate-limiting step in their training (professional examination; mandatory course; specific capability), will be allowed to progress to the next year of their training when an early ARCP will be undertaken and an Action Plan and Personal Development Plan will be put in place.
18. For trainees at end of a core programme and otherwise progressing satisfactorily but where a critical progression point criterion is missing (e.g. professional examination; mandatory course; mandatory placement) as a consequence of Covid-19, the ARCP

panel should consider whether College-defined compensatory evidence provided by the trainee would be sufficient to enable the trainee to complete core training and be issued with an Outcome 6. If it is not possible to use compensatory evidence to support the award of an Outcome 6, the trainee will be awarded an **Outcome 10 (COVID)** and an Action Plan and Personal Development Plan put in place for a subsequent training period. Supplementary codes will be used to document the reason for the award of Outcome 10 and the capabilities to be developed should be documented on the ARCP form.

19. *The SEBs request that Medical Royal Colleges provide advice for their specialty training programmes on what amendments, to the person specification for any subsequent programme trainees will be moving into, are necessary to facilitate career progression of trainees who have been unable to acquire capabilities in their core programme due to the impact of Covid-19.*
20. Where a trainee is at the end of a CCT programme and otherwise progressing satisfactorily but where a critical progression point criterion is missing (e.g. professional exit examination; mandatory placement; key procedural skill) as a consequence of Covid-19, the trainee will be awarded an **Outcome 10 (COVID)** and an Action Plan and Personal Development Plan put in place for a subsequent training period. Supplementary codes will be used to document the reason for the award of Outcome 10 and the capabilities to be developed should be documented on the ARCP form.
21. *The SEBs request that the Medical Royal Colleges provide advice for their specialty training programmes on which capabilities (including professional examinations) may be gained by a doctor in an Acting Up position or in a Period of Grace after the point CCT would normally have been awarded. This advice would contribute to an educational plan for that individual which would require subsequent review.*



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Appendix 1: The following support is asked of Medical Royal Colleges

- Identification of the critical progression points for each specialty
- Definition of the minimum data set for each specialty, for each year of training
- Provision of clear specialty-specific criteria for non-progression.
- Identification of specialty-specific situations that might require an ARCP panel of three members
- Provision of advice regarding what amendments to person specifications are necessary for any subsequent programmes trainees will be moving into to facilitate career progression of trainees who have been unable to acquire capabilities in their core programme due to the impact of Covid-19. Such changes may need to be enacted for a number of years.
- Provision of advice regarding which capabilities may be gained, or examinations undertaken in an Acting Up position or in a Period of Grace after the point CCT would normally have been awarded, within a defined education/development plan

If possible:

- Development of a GG8-compliant, decision-aid describing acceptable compensatory evidence (with examples) that ARCP panels could consider where normal evidence is not available due to the current situation